

We're making changes to preferred drug designations under medical benefits for most members, starting Jan. 1

For dates of service on or after Jan. 1, 2027, Blue Cross Blue Shield of Michigan and Blue Care Network are making changes to preferred drug designations for some products.

These changes will affect the following:

- Blue Cross Blue Shield of Michigan commercial and Blue Care Network commercial —
 - All fully insured members (group and individual), including MESSA members
 - Members who have coverage through self-funded groups that participate in the Oncology Value Management program. Refer to the document titled [Oncology Value Management program opt-out list for self-funded groups](#) for groups that don't participate.

Note: This requirement doesn't apply to Blue Cross commercial members who have coverage through the Blue Cross and Blue Shield Federal Employee Program® or Blue Cross commercial UAW Retiree Medical Benefits Trust plans.

- Medicare Plus Blue and BCN Advantage members

Changes to preferred drug designations

We're changing preferred drug designations as shown in the following table.

Product	Lines of business	Preferred drugs	
		Before Jan. 1, 2027	Starting Jan. 1, 2027
Bevacizumab	• Blue Cross commercial • BCN commercial	• Mvasi® • Zirabev™	• Mvasi • Vegzelma® • Zirabev
	• Medicare Plus Blue • BCN Advantage	• Mvasi • Zirabev	• Vegzelma exclusive
Filgrastim	• Blue Cross commercial • BCN commercial	• Nivestym® • Zarxio®	• Nivestym • Zarxio

Product	Lines of business	Preferred drugs	
		Before Jan. 1, 2027	Starting Jan. 1, 2027
	- Medicare Plus Blue - BCN Advantage	- Nivestym - Zarxio	- Granix[®] - Zarxio
Pegfilgrastim	- Blue Cross commercial - BCN commercial	- Fulphila[®] - Neulasta[®], Neulasta Onpro[®] - Udenyca[®], Udenyca Onbody[®]	- Fulphila - Udenyca, Udenyca Onbody
	- Medicare Plus Blue - BCN Advantage	- Fulphila - Neulasta, Neulasta Onpro	

How existing prior authorizations are affected by these changes

- For commercial members with Neulasta and Neulasta Onpro authorizations, members can continue with therapy until their authorizations expire. Upon renewal, healthcare providers will be directed to use a preferred product.
- For Medicare Advantage members, we encourage providers to transition members to a preferred drug for dates of service on or after Jan. 1, 2027.

How to submit prior authorization requests

Submit prior authorization requests to OncoHealth using one of the following methods:

- Through the OncoHealth OneUM[™] portal, which you can access by logging in to our provider portal (availability.com),* clicking *Payer Spaces*, and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.
- By calling OncoHealth at 1-888-916-2616

More about prior authorization requirements

Prior authorization isn't a guarantee of payment. As always, healthcare practitioners need to verify eligibility and benefits for members.

For additional information on requirements related to drugs covered under medical benefits, refer to the following drug lists:

- Blue Cross commercial and BCN commercial members: [Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members](#)
- Medicare Plus Blue and BCN Advantage members: [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#)

We'll update the pertinent drug list to reflect the information in this alert before the effective date.

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OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.